

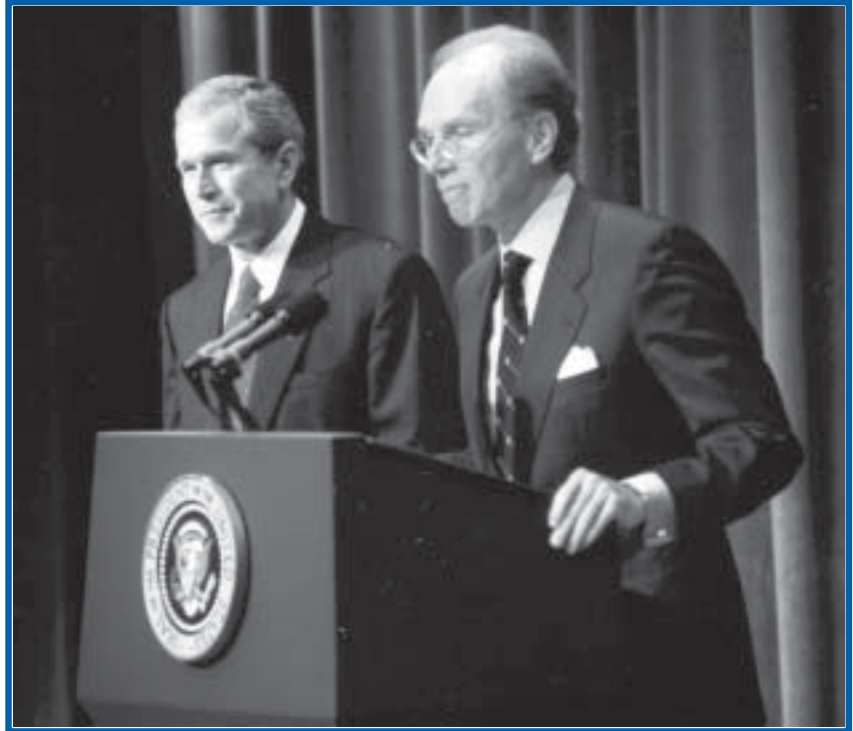
package” arrived in advance. Tragically, the number of fatalities exceeded the number of injured persons in this instance.

The next day, CDC dispatched four epidemiologists and two laboratory experts to help assess medical needs and capacity planning for treating victims in the New York City’s hospitals and an emergency response specialist to assist the city health department coordinate broad scale emergency medical efforts. CDC staff also watched for signs of possible secondary diseases, including infectious disease and the effects of dust and other debris and assisted rescue workers who had been injured or exposed to health-threatening materials.

From its headquarters, CDC staff also worked with tetanus vaccine manufacturers and the public health departments of New York and Washington, D.C., to confirm that adequate supplies of tetanus vaccine would be sent directly to each location. Following emergency procedures, on September 11, CDC activated its Health Alert Network to alert all state and local health departments to watch for any unusual disease symptoms and to provide information on safe handling of bodies and ensuring against any possible spread of disease.

By September 14, CDC, in the largest deployment ever of its Epidemic Intelligence Service (EIS), sent 35 EIS specialists to assist the New York City Health Department in monitoring disease outbreaks and in assessing how to best use health care resources. CDC also sent occupational health specialists to New York City to assess rescue worker safety and ensure appropriate precautions were taken to minimize risk. A contingent of 14 additional personnel, including 13 more EIS specialists, arrived next to aid with patient care and other follow-up needs.

CDC staff also provided similar public health support to authorities in Washington, D.C., in the aftermath of the September 11 attack on the Pentagon.



President George W. Bush, who visited CDC during the investigatory phase following the anthrax attacks in October 2001, received an enthusiastic reception following his introduction by Jeffrey P. Koplan, MD, MPH, Director, Centers for Disease Control and Prevention and Administrator, Agency for Toxic Substances and Disease Registry.

PREPARATION FOR BIOTERRORISM LEADS TO RAPID RESPONSE

CDC's actions as part of the HHS overall response to protect Americans affected by the anthrax mail attack, which was detected in October 2001 after the start of fiscal year 2002 for the federal government, will be reported on more fully in our FY 2002 Chief Financial Officer's Annual Financial Report.

Since 1999, CDC, under the leadership of HHS, has heightened its focus and capability to respond to instances of bioterrorism. Funding and preparedness for bioterrorism had increased during FY 2001, well before the terrorists attacks in September. This groundwork helped CDC to discover the surreptitious attacks

early and to alert state and local health departments quickly. Before these incidents, the public health system in the United States had little experience with the deliberate release of biological agents to cause major disease outbreaks. Though CDC has confirmed 18 cases of anthrax infection nationwide and five fatalities from those infected, the number of fatalities could have been much higher without the prompt response of multiple public health agencies, made feasible by the ongoing efforts during the past few years to prepare for just such an incident. The full scope of these efforts will likely not be known for some time as events continue unfolding.



During his visit to CDC, President George W. Bush inspected laboratory equipment and facilities, accompanied by CDC Director Jeffrey P. Koplan, MD, MPH, and Steven D. Bice, MEd, Director of CDC's National Pharmaceutical Stockpile program.